ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
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| FEE DETERMINATION | M - F | | |
| O.I.P.E. CLASSIFIER | | 8 | 05/01/01 |
| FORMALITY REVIEW | AK | 931 | 05/07/01 |
| RESPONSE FORMALITY REVIEW | | | |
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## INDEX OF CLAIMS

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| ✔ | Rejected | N | | Non-elected |
| = | Allowed | I | | Interference |
| – | (Through numeral)... Canceled | A | | Appeal |
| ÷ | Restricted | O | | Objected |

| Claim Final | Original | Date 7/6/04 | | | | | | | | |
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| 4 | ✔ | | | | | | | | | |
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| 6 | O | | | | | | | | | |
| ⑦ | ✔ | | | | | | | | | |
| 8 | ✔ | | | | | | | | | |
| 9 | ✔ | | | | | | | | | |
| 10 | O | | | | | | | | | |
| 11 | O | | | | | | | | | |
| 12 | O | | | | | | | | | |
| ⑬ | ✔ | | | | | | | | | |
| ⑭ | ✔ | | | | | | | | | |
| ⑮ | ✔ | | | | | | | | | |
| 16 | ✔ | | | | | | | | | |
| 17 | ✔ | | | | | | | | | |
| 18 | ✔ | | | | | | | | | |
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If more than 150 claims or 10 actions
staple additional sheet here

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